

Chronic Disease Connections

An e-bulletin created for healthcare systems working with patients to control their diabetes and high blood pressure.

Health Promotion is Newsworthy . . .

Indicators for Chronic Disease Surveillance — United States, 2013

Holt JB, Huston SL, Heidari K, et al. *MMWR Recomm Rep* 2015;64(No. RR-1) The chronic disease indicators (CDIs) were established in the late 1990s to enable public health professionals and policymakers to retrieve data for chronic diseases and risk factors that have a substantial impact on public health. This report describes the latest revisions to the CDIs.

QuickStats: Percentage of Adults Aged ≥45 Years with Selected Diagnosed Chronic Conditions, by Number of Conditions and Urban/Rural Classification — National Health Interview Survey, 2013

Brian W. Ward, PhD, Jeannine S. Schiller, MPH. The 10 selected chronic conditions are hypertension, coronary heart disease, stroke, diabetes, cancer, arthritis, hepatitis, chronic obstructive pulmonary disease (COPD), weak or failing kidneys during the past 12 months, currently having asthma. COPD was defined as having emphysema or chronic bronchitis during the past 12 months, or both. Unless a timeframe is otherwise noted, chronic conditions are based on ever being told by a doctor or other health professional that the respondent has the condition.

Pre-diabetes and Diabetes News . . .

Early blood glucose control lengthens life in people with type 1 diabetes

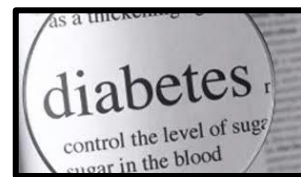
01/06/2015 By tightly controlling their blood glucose, people with type 1 diabetes can live longer.

Group recommends screening Asian Americans for diabetes at a BMI of 23

The *Huffington Post* (12/24, Almendrala) reports that “the American Diabetes Association now recommends screening Asian Americans for the disease at a BMI of 23, which is technically a ‘healthy’ BMI level.” This “recommendation was published online...in a new position paper, and will appear in the January issue of the journal *Diabetes Care*.” *HealthDay* (12/24, Preidt) reports, “The new recommendation... is based on evidence that many Asian-Americans develop diabetes at a lower BMI than other Americans, the ADA said.” *MedPage Today* (12/24, Wallan) also covers the story.

Group says essentially all diabetes patients 40 and over should receive statins

MedPage Today (12/24, Wallan) reports, “Starting at age 40, essentially all patients with diabetes should be placed on statin therapy...according to an American Diabetes Association (ADA) guideline published in *Diabetes Care*.” *HealthDay* (12/24, Reinberg) reports that “these new standards bring the association in line with the American College of Cardiology and American Heart Association, which also recommend giving low- or high-dose statins to all people at risk for heart disease, including people with diabetes.” But, *Medscape* (12/24, Tucker) reports, “the ADA does not strongly endorse the also-controversial ACC/AHA ‘risk calculator’ and does advise measuring LDL as needed to monitor adherence.” Additionally, “the new ADA statement...acknowledges major evidence gaps with regard to lipid lowering, such as for patients younger than 40 or older than 75 years and those with type 1 diabetes.”



What's new about



Better Choices, Better Health

Put Life Back in Your Life

Changes in eating patterns can be difficult, but often times a crucial step in living a healthy life with a chronic disease. The Better Choices, Better Health program supports participants in thinking about their food choices, understanding healthy/healthier choices, eating for specific long-term conditions, and common challenges to eating healthy. Workshop participants support one another in considering personal changes and implementing those in small increments. Change examples include replacing an afternoon soda with ice water or removing a tempting candy bowl from the coffee table or office setting. These and many other topics are addressed in Better Choices, Better Health. Think about referring your patients to Better Choices, Better Health workshops in your area. Learn more at <http://idph.state.ia.us/betterchoicesbetterhealth/Default.aspx>.



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Million Hearts® Initiative Update

Patients with undiagnosed hypertension are hiding in plain sight

A recent Viewpoint article published in JAMA highlights several case studies involving health care systems that tapped electronic health record data to successfully detect at-risk hypertensive patients.

Researchers from Million Hearts® found many patients with uncontrolled hypertension have health insurance and are being seen by health care professionals each year, yet still remain undiagnosed.

State-level data predict an individual's 10-year risk of developing cardiovascular disease, coronary heart disease, and stroke

A new study by researchers at the CDC, published in the *American Journal of Preventive Medicine*, suggests that an individual's predicted 10-year risk of developing cardiovascular disease varies significantly by state as well as by demographic factors, including age, gender, race/ethnicity, and household income. These results can help shape states' development and implementation of targeted health prevention programs and policies to address the risk of developing cardiovascular disease, coronary heart disease, and stroke among their populations.

The latest on the ABCS...

A1c

Some older patients with diabetes may be pushing blood sugar down too low

Reuters (1/13, Doyle) reports that research published in JAMA Internal Medicine suggests that some older patients with diabetes may be pushing their blood sugar down too low. Investigators analyzed data on nearly 1,300 patients with diabetes who were at least 65 years old. Bloomberg BusinessWeek (1/13, Tozzi) reports that the researchers found that "treatment of older adults with medication such as insulin or sulfonylurea to control blood sugar didn't vary significantly with patients' health status—meaning sick people at risk of harm from the medications were being treated about as aggressively as healthier patients who were more likely to benefit." In the New York Times (1/13, Lipska, Subscription Publication), Dr. Kasia Lipska, lead author of the study, writes, "We found absolutely no difference in how people were treated based on their health." Dr. Lipska added that "patients in poor health and at risk for hypoglycemia tended to be treated as aggressively as far healthier patients." According to Dr. Lipska, "This seems to confirm that we have been adhering to a one-size-fits-all approach, despite the risks that it poses to millions of older Americans."

Aspirin Use

Study: More than 10 percent of patients receive inappropriate aspirin therapy for primary prevention of CV disease

The Los Angeles Times (1/13, Kaplan) "Science Now" blog reports that research published in the Journal of the American College of Cardiology suggests that "for more than one in 10 people who" take aspirin to prevent heart attacks and strokes, the medication may "do more harm than good." Investigators "examined the medical records of patients who were being tracked as part of the American College of Cardiology's PINNACLE registry." The researchers "focused on patients who were taking aspirin to prevent their first heart attack or stroke."

TIME (1/13) reports that the study indicated that "11.6% of them were given the drug inappropriately, the authors concluded; even though they did not meet the criteria that various groups of medical experts established as the threshold for starting the medication, they were still taking it." CBS News (1/13) reports that the data indicated that "17 percent of women were taking aspirin unnecessarily, compared with 5 percent of men." Forbes (1/12) contributor Larry Husten points out that those "who received aspirin inappropriately were 16 years younger, on average, than people who received aspirin appropriately."

Blood Pressure Control and Management

Wearable, Doc-Prescribed Monitors May Help Spot High Blood Pressure

12/22/2014 Wearing device for a day gives more accurate info than single in-office reading, study says.

Continued on the next page...

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Cholesterol Control and Management

How Intense Efforts Boosted Heart Health for One Maine Community

Better screening, control of high cholesterol and blood pressure cut deaths and hospitalizations, study finds.

The U.S. Preventive Services Task Force has posted a final research plan on screening for dyslipidemia in children and adolescents

The draft research plan for this topic was posted for public comment from January 23 to February 19, 2014. The Task Force reviewed all of the comments that were submitted and took them into consideration as it finalized the research plan.



Smoking Cessation

Do This! One Easy Way to Support Million Hearts®

Message to Millions, a new Million Hearts® resource, provides partners and supporters with consistent, science-based messages they can share with consumers, health care professionals, and other audiences to help them take steps to prevent heart attacks and strokes. Every three months, the initiative will release a new message map focused on a key risk factor for heart disease and stroke. Discover the new Smoking Cessation Message Map, and check the Million Hearts® website regularly for future maps.



Place these Health Observations on Your Upcoming Calendar ... Plan for Awareness Activities at your Clinic !



Heart Month

www.goredforwomen.org

Wear Red Day 2/6

www.goredforwomen.org

Congenital Heart Defect

Awareness Week 2/7-14

<http://tchin.org/aware>

Cardiac Rehabilitation Week

2/8-14 aacvpr@aacvpr.org

Cardiovascular Professionals

Week 2/8-14

www.acp-online.org

Brain Injury Awareness Month

www.biausa.org

National Nutrition Month

www.eatright.org

Patient Safety Awareness Week

3/9-14

www.npsf.org

World Kidney Day 3/12

www.kidney.org

American Diabetes Association

Alert Day 3/24

www.stopdiabetes.com

National Doctors' Day 3/30

www.smaalliance



Phase 1 Winners Announced ...

Phase 1 winners of the Office of the National Coordinator for Health Information Technology (ONC) EHR Innovations for Improving

Hypertension Challenge, are primary care providers in Maryland and Wisconsin who use health IT in innovative ways to achieve the goals of the Million Hearts® initiative.

The two winners of the challenge - Mary Boles, LPN and the team at Vibrant Health Family Clinics in Wisconsin, and Holly Dahlman, MD, the physician at Green Spring Internal Medicine in Maryland - demonstrated innovative approaches for improving their patients' blood pressure control. Each winner's strategies uniquely melded face-to-face interactions with targeted EHR functionalities that provided valuable insights and actionable information to both providers and patients, and are now known, far and wide, as EHR Innovations for Improving Hypertension Challenge Winners!

Both winners have worked for years to use health IT to help improve outcomes – making EHRs and EHR data part of everyday workflows to enable care improvement, and achieving impressive results: in order to enter this Challenge, they both demonstrated a practice-wide blood pressure control rate of at least 70%.

Last July, ONC partnered with the Centers for Disease Control and Prevention (CDC) to launch the two-phase challenge seeking innovative examples of how providers use standardized protocols and tools within their EHRs to help improve on the Million Hearts® "B" - blood pressure control - among their patients with high blood pressure.

As we congratulate the winners of Phase 1, we are eager to move on to Phase 2 of this challenge, which focuses on sharing and using the winners' blood pressure control improvement strategies and tools to other providers across the country. We are now inviting organizations to compete to see who can help as many new providers as possible to implement and use these strategies to demonstrate improvement in blood pressure control. **The big winner will receive a \$30,000 prize!**

Visit the Challenge web site to find out more about Phase 2.

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Resources for Healthcare Providers

"Do the math!" An estimated 35 million Americans are at high risk for heart attack and stroke due to uncontrolled high blood pressure. Most of those individuals have health insurance and a regular source of care, and 3 out of 4 have seen a health care professional two or more times in the past year. How do high performers in blood pressure control do their math, achieving more than 80% control? One key is a standardized approach to treatment—a protocol. Visit the [Million Hearts® Protocols](#) page to see how these evidence-based treatment regimens can clarify things like medication choices and patient follow-up. Join our 2015 resolution to use hypertension treatment protocols to help improve the math of heart health! —Janet Wright, MD, FACC Executive Director, Million Hearts®

Check out the new Million Hearts® Action Guide for clinicians about self-measured blood pressure

monitoring—Self-measured blood pressure monitoring (SMBP) plus additional clinical support is one strategy that can reduce the risk of disability or death due to high blood pressure. This guide facilitates the implementation of SMBP plus clinical support in four key areas: preparing care teams to support SMBP, selecting and incorporating clinical support systems, empowering patients, and encouraging health insurance coverage for SMBP plus additional clinical support.

New AHRQ Guide Helps States Improve Health Outcomes

The Agency for Healthcare Research and Quality (AHRQ) recently released **Implementing a State-Level Quality Improvement Collaborative: A Resource Guide From the Medicaid Network for Evidence-based Treatment (MEDNET)**. The guide recommends eight detailed steps on how to start and manage a state-level quality improvement collaborative.

Patient Self-Management Tool Available

Bright yellow appointment reminder stickers are available to you to distribute to patients who use a paper calendar. While several of the stickers on the sheet, such as Hemoglobin A1c test and diabetes education, are specific to diabetes, others are reminders for blood pressure check, doctor appointment and lipid profile. There are stickers for exams and blank stickers for other reminders. The flip side includes diabetes self-management strategies and phone and web resources. 100 per package, there is no charge for these stickers and are available by contacting Laurene Hendricks, Laurene.hendricks@idph.iowa.gov.

Dilated Eye Exam	Lipid Profile	Dental Exam	Dental Exam	Foot Exam	Micro-Albumin (Urine) Test
Time	Time	Time	Time	Time	Time
Diabetes Education	Diabetes Education	Hemoglobin A1c Test	Hemoglobin A1c Test	Hemoglobin A1c Test	Hemoglobin A1c Test
Time	Time	Time	Time	Time	Time
Blood Pressure Check	Blood Pressure Check	Blood Pressure Check	Blood Pressure Check	Blood Pressure Check	Blood Pressure Check
Time	Time	Time	Time	Time	Time
Flu Shot	Flu Shot	Flu Shot	Flu Shot	Flu Shot	Flu Shot
Time	Time	Time	Time	Time	Time

The blank stickers are your own additional reminders to use as you need.

I HAVE DIABETES

- If I am acting strangely or cannot be awakened, my blood sugar may be low
- If I can swallow, give me 4 to 6 ounces of a sweetened soft drink, fruit juice or other sugar source.
- If I do not recover within 15 to 30 minutes, repeat the above. Call 911 or get me EMERGENCY ASSISTANCE.

KNOW YOUR NUMBERS

Ask your doctor what your goals should be:

Blood Pressure Goal

HgbA1c Goal

Lipid Profile Goals

Total Cholesterol

LDL

HDL

Triglycerides

ADA Prediabetes Patient Brochures Available

Smaller quantities of the American Diabetes Association brochure, *Prediabetes – What Is It and What Can I Do?* are also available by contacting Laurene Hendricks. This bilingual brochure includes information on prediabetes and prevention strategies.

Transforming the Workforce to Provide Better Chronic Care

This study looks at how Hennepin Health, which serves low-income adults in Minnesota's Hennepin County, uses a behavioral health nurse care coordinator to improve integration and coordination of services in its County Mental Health Center. The report shows it takes a team of skilled professionals to improve chronic care and focuses on how registered nurses—who make up the largest segment of the health care workforce—are being deployed to take on new roles.

This is the third in a series of reports exploring the evolution of primary care systems to better meet the needs of consumers with complex health conditions. The series is a collaboration of the National Academy for State Health Policy and the AARP Public Policy Institute. [Get the details.](#)

The Iowa Department of Public Health -- Health Promotion and Chronic Disease Control Partnership



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